

Home choice



About you

Your name	
Address	
Mobile	
Daytime Number	
Email	

List those family members moving with you

Name				
Date of Birth		Gender	Male	Female
Relationship to customer		Where do they sleep?		

Name				
Date of Birth		Gender	Male	Female
Relationship to customer		Where do they sleep?		

Name				
Date of Birth		Gender	Male	Female
Relationship to customer		Where do they sleep?		

Name				
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Relationship to customer		Where do they sleep?		

Name				
Date of Birth		Gender	Male	Female
Relationship to customer		Where do they sleep?		

Reason for transfer

Need a larger property

Need a smaller property

Need an adapted home

I am interested in homes designed for people over 55

Medical reasons

Other

If you've ticked 'Other' please explain below

If you've ticked 'Medical reason' please explain below. We may contact you to provide substantive evidence of the medical condition

Please give details of your current bedrooms

Total number of single bed bedrooms

Total number of double bed bedrooms

Total number of other rooms used as bedrooms

Do you require any of the following adaptations?

Level access

Hoists

Ramped access

Lowered units

Widened doorways

Raised electrical sockets

Stair lift

Adapted bath or shower

Other Information

Any other information?

Declaration

By completing and signing this form, you're giving us consent to use your personal information purely for the purposes of assessing your application.

You can view our Privacy Notice which explains the legal basis for the processing of your personal information on our website at www.rhp.org.uk.

Please tick this box to confirm that you understand and agree with the above statement.

Print Name:

Date: | |